

**SAMPLE**

FY \_\_\_\_\_

**SURVEY OF ON-SITE WASTE WATER DISPOSAL SYSTEMS**

Applicant: \_\_\_\_\_ City or County: \_\_\_\_\_

Address: \_\_\_\_\_ Map Reference No.: \_\_\_\_\_

Is there RAW SEWAGE on the Ground Surface? (Yes) (No)

Where: \_\_\_\_\_ (Depict Graphically Below)



Estimated Lot Size: \_\_\_\_\_ No. of Bathrooms in Dwelling: \_\_\_\_\_

Size of System, if Known: \_\_\_\_\_ Estimated L.F.  
Gallon Tank: \_\_\_\_\_ of Field Lines: \_\_\_\_\_

Estimated Age of System in Years: \_\_\_\_ Has the System Been Expanded? (Yes) (No)

Is the graywater disposed of through the septic tank? (Yes) (No)

Soil Type: \_\_\_\_\_

Limitations for Septic Systems? Soil Type \_\_\_\_ Water Table \_\_\_\_ Other (Explain)

Does the System Appear to be Operating Properly? (Yes) (No)

Additional Comments and Observations?

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector